



Attachment E Evaluation Plan: Basic

Health Promotion and Disease Prevention Section Georgia Department of Public Health

Overall Plan and Key Activities: 7/1/2014 – 6/30/2015

Instructions:

GENERAL

- Grantees are encouraged to use the Template to document their evaluation plan and key evaluation activities.
- The applicant's evaluation plan for the Basic Component should address the four core evaluation questions. The Template is pre-populated with the questions.
- Key activities to implement the evaluation plan should be noted in the narrative summary for years 2-5. This template replaces the requirement in the FOA for a 35 page evaluation plan.

Completing the Basic Evaluation Plan Template

1. For each core evaluation question listed on the template, complete the following information:

- **Performance Measure(s):** List any required performance measures that are linked to this question. If there are no linked performance measures, please enter N/A.
- **List State Evaluation Indicators:** If there is more than one indicator, please list each one on a separate line and complete the following items for each indicator.
 - **Data Sources:** List the data sources that will be used to answer the evaluation question (i.e. meeting notes, organizational charts, surveys, etc.)
 - **Data Collection Method:** List the data collection methods that will be used (i.e. document review, focus groups, key informant interviews, etc.)
 - **Data Analysis:** List the types of analysis that will be conducted
 - **Lead Person:** Specify the individual with primary responsibility for this indicator

2. Complete the narrative section on key activities.

State Supplemental Evaluation Questions are optional. Spaces are provided for states choosing to add evaluation questions.

Basic Core Process Questions

| Core Process Evaluation Questions | Performance Measure(s) and Indicator(s) | Data Sources | Data Collection Methods | Data Analysis Methods | Lead Person Responsible |
|--|--|---------------------------------------|---|--|-------------------------|
| 1. How has coordination with critical partners changed due to the implementation of 1305? Critical partners are those partners essential to the successful implementation of the required intervention strategies. | N/A | | | | |
| | Proportion* of Southeast Health District (HD) staff in agreement that Chronic Disease Prevention (CDP) Section of Georgia Department of Public Health (DPH) changed its way of collaborating with them due to the implementation of 1305 (*Calculate “number of the Southeast HD staff in agreement” by total number of the Southeast HD staff who completed the survey) | <i>Partnership Survey</i> | Survey the Southeast HD staff working closely with the CDP Section of Georgia DPH | Summary of response to the open-ended question | Evaluator |
| | Partners’ (i.e., the Southeast HD staff working closely with the CDP Section of GA DPH) descriptions of how CDP Section has changed its way in collaborating with them. | <i>Partnership Survey</i> | Survey the Southeast HD staff working closely with the CDP Section of Georgia DPH | Summary of response to the open-ended question | Evaluator |
| | Proportion of key state-level partners (government and non-government) in agreement that the CDP Section of Georgia DPH | <i>State-Level Partnership Survey</i> | Survey key state-level partners (government and non-government) working closely | Summary of response to the open-ended question | Evaluator |

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| | changed its way of collaboration due to the implementation of 1305. (*Calculate “number of partner entities in agreement” by total number of partner entities that completed the survey.) | | with the CDP Section of Georgia DPH | | |
| | Partners’ descriptions of how the CDP Section of Georgia DPH has changed its way of collaboration with them | <i>State-Level Partnership Survey</i> | Survey key state-level partners (government and non-government) | Summary of response to the open-ended question | Evaluator |
| a. Synergy: Please include information on ways working across categorical program areas may have enhanced coordination with critical partners. | N/A | | | | |
| | Percentage of CDP staff (working on SPHA) in agreement that working across categorical program areas enhanced coordination with key CDP partners (government and non-government) | <i>CDP Staff Survey</i> | Survey the staff of the CDP Section of Georgia DPH who are involved in SPHA 1305 | Percentage of respondents rating the statement (on a 5-point Likert scale), “agree” and “strongly agree” | Evaluator |
| | Percentage of the Southeast HD staff’s rating (on a grading scale of “A” to “F”) of how CDP Section of GA DPH collaborates with them | <i>Partnership Survey</i> | Survey HD staff working closely with the CDP Section of Georgia DPH | Percentage of respondents rating the statement on a grading scale of “A” to “F” | Evaluator |
| | Percentage of state-level partners in agreement that Georgia DPH collaborates with their office/agency | <i>State-Level Partnership Survey</i> | Survey key state-level partners (government and non-government) | Percentage of respondents rating the statement (on a 5-point Likert scale), “agree” and “strongly agree” | Evaluator |
| | Percentage of state-level partner’s rating (on a grading scale of “A” to “F”) | <i>State-Level Partnership Survey</i> | | | |

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| | of how CDP Section of GA DPH collaborates with them | | | | |
| | N/A | | | | |
| 2. How has your organizational structure and approach changed due to the implementation of 1305? | Percentage of CDP staff (working on SPHA) and management in agreement that CDP's approach to addressing multiple risk factors of chronic diseases has changed since the implementation of 1305 | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of the Office of Adolescent and School Health (OASH), the Office of Prevention, Screening, and Treatment (OPST), the Office of Planning and Partnerships (OPP), and the Office of Tobacco, Policy, System, and Environmental Changes (OTPSEC) | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
| | Percentage of CDP staff (working on SPHA) and management in agreement that CDP has practices, policies, and/or procedures that encourage partnerships and collaborations between and within CDP programs | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
| | Percentage of CDP staff (working on SPHA) and management in agreement | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |

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| | that CDP has practices, policies, and/or procedures that encourage partnerships and collaborations with other DPH offices | | Deputy Directors of OASH, OPST, OPP, and OTPSEC | agree" | |
| | Percentage of CDP staff (working on SPHA) and management in agreement that CDP has practices, policies, and/or procedures that encourage partnerships and collaborations with other state agencies | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
| | Percentage of CDP staff (working on SPHA) and management in agreement that CDP has practices, policies, and/or procedures that encourage partnerships and collaborations with non-governmental entities, including foundations and academic institutions | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
| | Percentage of CDP staff (working on SPHA) and management in agreement that there is a constructive dialogue between and within CDP programs to make program alignment and service coordination possible | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |

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| | Percentage of CDP staff (working on SPHA) and management in agreement that to align programs and coordinate services, CDP has procedures in which programs serving similar functions are clearly delineated as to the difference between each, the benefits of each, and how each complements the other(s) | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
| | N/A | | | | |
| a. Synergy: Please include information on ways working across categorical program areas may have increased or decreased operational efficiencies. | Percentage of CDP staff (working on SPHA) in agreement that working across CDP programs have increased operational efficiencies | <i>CDP Staff Survey</i> | Survey CDP staff who are involved in SPHA 1305 | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
| | Percentage of CDP staff (working on SPHA) and management in agreement that it takes great effort to align CDP programs and coordinate services | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
| | Percentage of CDP staff (working on SPHA) and management in agreement that the cost (staff time, resources) of aligning CDP programs and coordinating services outweighs the benefits of reducing service duplication | <i>CDP Staff Survey; CDP Management Survey</i> | Survey CDP staff who are involved in SPHA 1305; Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |

| | Percentage of CDP Deputy Directors in agreement that SPHA 1305 funding has encouraged them to improve their Offices' fiscal and operational efficiencies. | <i>CDP Management Survey</i> | Survey CDP Deputy Directors of OASH, OPST, OPP, and OTPSEC | Percentage of respondents rating each item "agree" and "strongly agree" | Evaluator |
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| Basic Core Outcome Questions | |
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| Choose at least one of the following outcome areas for evaluation: | |
| <input checked="" type="checkbox"/> | Promote and Reinforce Healthful Behaviors and Practices Across the Lifespan (Basic strategies 1,2, and 3) |
| <input type="checkbox"/> | Improve Quality, Effectiveness, Delivery and Use of Clinical Preventive Services (Basic strategies 4 and 5) |
| <input type="checkbox"/> | Increase Clinical-Community Linkages (Basic Strategies 6 and 7) |
| Describe the focus of the evaluation. The description should be 300 words or less. | |
| <p>Both process and outcome evaluations will be conducted to assess Georgia Department of Public Health's success in accomplishing key activities and achieving end results of:</p> <ol style="list-style-type: none"> 1. Promoting the adoption and implementation of food service guidelines/nutrition standards; 2. Promoting the adoption and implementation of physical education/physical activity (PE/PA) in schools; and 3. Promoting adoption of PA in ECEs and schools (as worksites). | |
| Describe the target population to be included in the evaluation: (check one) | |
| <input type="checkbox"/> | Same as described in work plan |
| <input checked="" type="checkbox"/> | Subset of target population described in work plan: please describe: We will be targeting Coffee, Tattnall, and Ware counties of Southeast Health District of Georgia. |

Describe the purpose of evaluating this strategy: (choose all that apply)

- Accountability**
- Program Improvement**
- Program Requirement**
- Other:** Strategies 1 – 3 were combined to facilitate improvements in schools (schools as schools; schools as worksites) and early care and education centers (ECEs) to make it easier for children and adults to participate in healthy behavior. The combined strategies also reflect the “synergistic pathways” that illustrate how enhanced coordination of inputs and activities lead to the basic accomplishments of: 1) increased adoption and implementation of healthy food service guidelines/nutrition standards in schools and early care and education centers (ECEs); 2) increased adoption and implementation of physical activities (PA) in schools and ECEs; and 3) increased adoption of PA in worksites (schools).

| Core Outcome Evaluation Questions | Performance Measure(s) and Indicator(s) | Data Sources | Data Collection Methods | Data Analysis Methods | Lead Person Responsible |
|--|--|---|---|---|-------------------------|
| 3. What were the major facilitators and barriers to achieving one or more of the short-term outcome areas of 1305? | 1305 Performance Measures B. 2.01: Number of school districts where staff received professional development and technical assistance (TA) on the development, implementation, or evaluation of recess and multi-component PE policies B 3.01: Number of ECEs that adopt strategies to increase PA | | | | |
| | Number of professional development opportunities rated highly by participants | Training evaluation forms created by GA DPH | Evaluation forms collected at the completion of each training session | Percent of participant ratings of session | Evaluator |
| | Number of technical assistance (TA) provided | Technical assistance log | Frequency count of TA collected by the TA providers | Number, type, and content of TA sessions provided | TA providers |
| | Number and type of major facilitators and barriers | <i>Implementation Survey</i> | Survey school nutrition service | Summary of response to the | Evaluator |

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| | | <i>(Nutrition)</i> | directors, school nutrition service managers, and cafeteria staff | open-ended question regarding facilitators and barriers | |
| | Number and type of major facilitators and barriers | <i>Implementation Survey (Physical Activity)</i> | For each Georgia SHAPE mini-grantee, survey school or community representative chairing the school's health/wellness council | Summary of response to the open-ended question regarding facilitators and barriers | Evaluator |
| 4. How were the barriers overcome? | N/A | | | | |
| | Number and type of ways the barriers were overcome | <i>Implementation Survey (Nutrition)</i> | Survey school nutrition service directors, school nutrition service managers, and cafeteria staff | Summary of response to the open-ended question regarding barriers | Evaluator |
| | Number and type of ways the barriers were overcome | <i>Implementation Survey (Physical Activity)</i> | For each Georgia SHAPE mini-grantee, survey school or community representative chairing the school's health/wellness council | Summary of response to the open-ended question regarding barriers | Evaluator |

Basic Evaluation Plan Narrative: Description of Key Activities in Years 2-5 (5 pages or less)

Include time frames for key activities quarterly for year 2 and annually for years 3-5. List any key evaluation products that will result from activities. Include the rationale for selecting indicators as needed.

PROJECT GOALS AND OBJECTIVES

Georgia Department of Public Health (DPH) seeks to promote and reinforce healthful behaviors and practices across the lifespan. The goals and objectives of Georgia DPH are the following:

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| Goal: Implement policy and environmental changes in schools, early care and education centers (ECEs), and worksites so that it will be easier for children and adults to participate in healthy behavior. |
| Objective 1: Promote the adoption and implementation of food service guidelines/nutrition standards in schools and ECEs <ul style="list-style-type: none">• Provide regional trainings on menu planning, healthy food marketing, and local food procurement to school nutrition stakeholders (State-wide activity)• Provide training and technical assistance (TA) to schools to promote healthy eating (project site-specific: Southeast Health District)• Recruit and train high school students to become advocates for healthy eating (project site-specific)• Provide training and TA to early care and education (ECE) center directors to adopt and implement Georgia’s “Caregivers Promoting Health Habits” guidelines on nutrition |
| Objective 2: Promote the adoption and implementation of physical education/physical activity (PE/PA) in schools <ul style="list-style-type: none">• Collaborate with Georgia Department of Education to promote the adoption of the national model policy on PE/PA and recess in schools (State-wide)• Recruit and train high school students to become advocates for physical activity (project site-specific)• Provide training and TA to schools to implement Georgia’s “Power Up for Thirty” (project site-specific) |
| Objective 3: Promote adoption of PA in ECEs and worksites <ul style="list-style-type: none">• Provide training and TA to ECE directors to adopt and implement Georgia’s “Caregivers Promoting Healthy Habits” guidelines on PA• Administer the “Worksite Wellness Survey” to Georgia SHAPE mini-grantees and provide TA to help them develop a strategy to increase PA among their faculty and staff |

EVALUATION PLAN

We will be targeting Coffee, Tattnall, and Ware counties of Southeast Health District of Georgia (a subset of target population described in the work plan). Both process and outcome evaluations will be conducted in this specific site to assess our success in accomplishing key activities and achieving end results of:

1. Promoting the adoption and implementation of food service guidelines/nutrition standards in schools and ECEs;
2. Promoting the adoption and implementation physical activity in schools and ECEs; and

3. Promoting adoption of physical activity in schools as worksites.

Process Evaluation. To examine: 1) the advantages and challenges of working collaboratively across categorical programs; and 2) how organizational structure and approach changed due to the implementation of 1305, the process evaluation will focus on administering the *CDP Staff Survey* (with both close- and open-ended items) to the project staff of the Section of Chronic Disease Prevention (formerly Health Promotion and Disease Prevention) of the Georgia Department of Public Health (DPH). To assess how the coordination with critical partners changed due to the implementation of 1305, *Partnership Survey* and *State-Level Partnership Survey* (with both close- and open-ended items) will be administered. *Partnership Survey* will be completed by the Director of Southeast Health District, Health Promotion Coordinator of Southeast Health District, and other key partners/stakeholders interested in promoting adoption of food service guidelines/nutrition standards and physical activity in schools and ECEs. *State-Level Partnership Survey* will be completed by staff of other Georgia DPH offices/sections, staff of other Georgia state agencies, and representatives from non-government organizations. To investigate what major facilitators and barriers they have encountered in promoting and reinforcing healthful behaviors and practices across the lifespan (Basic strategies 1 – 3), we also will administer the following surveys (with both close- and open-ended items): 1) *Implementation Survey (Nutrition)* to be completed by school nutrition service directors, school nutrition service managers, and school cafeteria staff; and 2) *Implementation Survey (PA)* to be completed by school or community representatives chairing health/wellness council of participating schools.

To monitor the progress of the project, the following data also will be collected:

- Names of state agencies and non-government organizations collaborating with Georgia DPH in developing a training plan for menu planning, healthy food marketing, and local food procurement
 - Number of Memorandum of Understanding (MOUs) between Georgia DPH and the state agency/non-government organization to initiating any work with the project (including data use agreements)
 - Frequency of meetings and meeting minutes will be collected to capture the topic of discussions and decisions/action plans
- Number of regional training offered
 - For each regional training offered:
 - Location of the training
 - Trainer’s profession and organizational affiliation
 - Demographic information of the trainer
 - Topic of training
 - Hours of training
 - Number of trainees
 - Trainee’s profession and organizational affiliation
 - Demographic information of trainees
 - Training evaluation response rate
 - Training evaluation rating

Schools

- Number of participating school districts
- Number of participating schools in each participating school district in Coffee, Tattnall, and Ware counties
 - Type of schools (elementary, middle, or high school)
 - Number and demographic information of students
 - Number and demographic information of faculty/staff
 - Number and demographic information of chairs of school health/wellness councils
- Number of schools completing the “Worksite Wellness Survey”
- Number of training provided to each participating school
 - Types of training
 - Topics of training
 - Number of training participants
 - Trainee’s profession and demographic information
- Number and type of TA provided to each participating school district
 - Types of TA
 - Topics of TA
 - Number and type of school district staff receiving TA
- Number and type of TA provided to each participating school
 - Types of TA
 - Topics of TA
 - Number and type of school staff receiving TA
- Number of high school students recruited and trained to become advocates for healthy eating and physical activity
 - Number and demographic information of students
 - Number of training provided to the students
 - Types of training
 - Topics of training
 - Number of TA provided to the students
 - Types of TA
 - Topics of TA

ECEs

- Number of participating ECEs
 - Type of ECE
 - For each ECE
 - Number and demographic information of children attending the ECE

- Number and demographic information of staff
- Number of training provided to each participating ECE
 - Types of training
 - Topics of training
 - Number and types of trainees
- Number and type of TA provided to each participating ECE
 - Types of TA
 - Topics of TA
 - Number and types of ECE staff receiving TA

Outcome Evaluation.

In addition to the required performance indicators, we will collect the following:

To assess any changes in the quality of food served in schools, we will request the participating schools to submit their school lunch menu for the first full week of the academic year and the last full week of the academic year so Georgia DPH can analyze the menu’s nutritional content using a nutritional analysis software.

We also will collect “success stories” (e.g., any types of enhancements made to create an environment conducive to healthy food consumption and/or physical activity) from high school students who participated in the project as advocates for nutrition and physical activities.

To assess whether participating ECEs are implementing Georgia’s “Caregivers Promoting Healthy Habits” guidelines and making progress in meeting best practices for healthy eating and physical activity, *Let’s Move* Child Care Checklist will be administered to directors of participating ECEs pre- and post-intervention.

Finally, we will collect the number of participating schools developing strategies to increase physical activity among school faculty and staff. We will also collect the number and type of strategies developed by each school.

TIME FRAMES FOR YEAR 2 (FOR STRATEGIES 1-3)

| TIME FRAME | KEY ACTIVITIES |
|--|--|
| YEAR 2: 1st Quarter 7/1/ 2014 – 9/30/2014 | <ul style="list-style-type: none"> • Memo of Understanding/ Agreement issued to and received from key partners of 1305 • Convene representatives from Georgia Department of Agriculture, Georgia Department of Education, Children’s Healthcare of Atlanta, and Georgia Organics to finalize a training plan for menu planning, healthy food marketing, and local food procurement |

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| | <ul style="list-style-type: none"> • Offer regional trainings on menu planning, healthy food marketing, and local food procurement to school nutrition stakeholders • Release RFA for Georgia SHAPE mini-grants to schools in Southeast Health District of Georgia (the project site) • SPHA 1305 roll out in Southeast Health District • Award mini-grants to schools in Southeast Health District (Cohort 1) • Offer training and TA opportunities to schools (Cohort 1) to promote healthy eating and PA • Recruit, train, and provide TA to high school students to become advocates for healthy eating and PA (Cohort 1) • Administer the “Worksite Wellness Survey” to Cohort 2 Georgia SHAPE mini-grantees and provide TA to help them develop a strategy to increase PA among school faculty and staff • Recruit 9 to 15 child care centers in Coffee, Tattnall, and Ware counties to participate in the project (Cohort 1) • Provide training and TA to participating ECEs (Cohort 1) to adopt and implement Georgia’s “Caregivers Promoting Healthy Habits” guidelines on nutrition and PA • Develop training evaluation form • Finalize technical assistance protocol • Develop TA log • Finalize evaluation plan • Data collection |
| YEAR 2: 2nd Quarter 10/1/2014 -- 12/31/2014 | <ul style="list-style-type: none"> • Offer ongoing training opportunities to schools and ECEs • Provide ongoing TA to schools and ECEs • Data collection |
| YEAR 2: 3rd Quarter 1/1/2015 -- 3/31/2015 | <ul style="list-style-type: none"> • Provide ongoing TA to schools and ECEs • Data collection |
| YEAR 2: 4th Quarter 4/1/2015 -- 6/30/2015 | <ul style="list-style-type: none"> • Provide ongoing TA to schools and ECEs • Data collection and analysis • Submit end-of-the-year progress report to CDC |

TIME FRAMES FOR YEARS 3 -- 5

| TIME FRAME | KEY ACTIVITIES |
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| YEAR 3 | <ul style="list-style-type: none"> • Continue to offer training and TA opportunities to schools (Cohort 1) and high school students (Cohort 1) to promote healthy eating and PA • Continue to offer TA opportunities to ECEs (Cohort 1) to adopt and implement Georgia’s “Caregivers |

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| | <p>Promoting Healthy Habits” guidelines on nutrition and PA</p> <ul style="list-style-type: none"> • Offer regional trainings on menu planning, healthy food marketing, and local food procurement to school nutrition stakeholders • Award Georgia SHAPE mini-grants to a new group of schools (Cohort 2) • Offer training and TA opportunities to schools (Cohort 2) to promote healthy eating and PA • Recruit and train a new group of high school students to become advocates for healthy eating and PA (Cohort 2) • Administer the “Worksite Wellness Survey” to Cohort 2 Georgia SHAPE mini-grantees and provide TA to help them develop a strategy to increase PA among school faculty and staff • Recruit a new group of ECEs (Cohort 2) to participate in the project • Provide training and TA opportunities to ECEs (Cohort 2) to adopt and implement Georgia’s “Caregivers Promoting Healthy Habits” guidelines on nutrition and PA • Data collection and analysis • Submit end-of-the-year progress report to CDC |
| YEAR 4 | <ul style="list-style-type: none"> • Continue to offer training and TA opportunities to schools (Cohorts 1 and 2) and high school students (Cohorts 1 and 2) to promote healthy eating and PA • Continue to offer TA opportunities to ECEs (Cohorts 1 and 2) to adopt and implement Georgia’s “Caregivers Promoting Healthy Habits” guidelines on nutrition and PA • Offer regional trainings on menu planning, healthy food marketing, and local food procurement to school nutrition stakeholders • Award Georgia SHAPE mini-grants to a new group of schools (Cohort 3) • Offer training and TA opportunities to schools (Cohort 3) to promote healthy eating and PA • Recruit and train a new group of high school students to become advocates for healthy eating and PA (Cohort 3) • Administer the “Worksite Wellness Survey” to Cohort 3 Georgia SHAPE mini-grantees and provide TA to help them develop a strategy to increase PA among school faculty and staff • Recruit a new group of ECEs (Cohort 3) to participate in the project • Provide training and TA opportunities to ECEs (Cohort 3) to adopt and implement Georgia’s “Caregivers Promoting Healthy Habits” guidelines on nutrition and PA • Data collection and analysis • Submit end-of-the-year progress report to CDC |
| YEAR 5 | <ul style="list-style-type: none"> • Continue to offer training and TA opportunities to schools (Cohorts 1, 2, and 3) and high school students (Cohorts 1, 2, and 3) to promote healthy eating and PA • Continue to offer TA opportunities to ECEs (Cohorts 1, 2, and 3) to adopt and implement Georgia’s “Caregivers Promoting Healthy Habits” guidelines on nutrition and PA |

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| | <ul style="list-style-type: none"> • Offer regional trainings on menu planning, healthy food marketing, and local food procurement to school nutrition stakeholders • Award Georgia SHAPE mini-grants to a new group of schools (Cohort 4) • Offer training and TA opportunities to schools (Cohort 4) to promote healthy eating and PA • Recruit and train a new group of high school students to become advocates for healthy eating and PA (Cohort 4) • Administer the “Worksite Wellness Survey” to Cohort 4 Georgia SHAPE mini-grantees and provide TA to help them develop a strategy to increase PA among school faculty and staff • Recruit a new group of ECEs (Cohort 4) to participate in the project • Provide training and TA opportunities to ECEs (Cohort 4) to adopt and implement Georgia’s “Caregivers Promoting Healthy Habits” guidelines on nutrition and PA • Data collection and analysis • Submit end-of-the-year progress report to CDC Submit final evaluation report to CDC • Submit four “Lessons Learned” brief |
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RATIONALE FOR SELECTING INDICATORS AS NEEDED

In addition to collecting the required performance indicators, we will be using the following measures to evaluate the project. Five of the six surveys were created by the Georgia DPH.

| SURVEY | DATA SOURCE | DATE OF SURVEY ADMINISTRATION |
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| <i>A. Partnership Survey</i> | Key stakeholders in the Southeast Health District | The first week of the launch of the project in the Southeast Health District; the 4 th quarter of each funding year |
| <i>B. State-Level Partnership Survey</i> | Key state-level partners (government and non-government) | The first week of the launch of the project in the Southeast Health District; the 4 th quarter of each funding year |
| <i>C. CDP Staff Survey</i> | Staff of Chronic Disease Prevention (CDP) Section of Georgia Department of Public Health (DPH) involved in SPHA 1305 | The 1 st and 4 th quarters of each funding year |
| <i>D. CDP Management Survey</i> | CDP Deputy Directors of the Office of Adolescent and School Health (OASH), the Office of Prevention, Screening, and Treatment (OPST), the Office of Planning and Partnerships (OPP), and the Office of Tobacco, Policy, System, and Environmental Changes (OTPSEC) | The 1 st and 4 th quarters of each funding year |
| <i>E. Let’s Move! Child Care Checklist</i> | ECE directors | The first week of registering to participate in GA DPH’s |

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| Quiz | | “Growing Fit Wellness Policies for Georgia’s Early Care Environments” training. (Pre-test) Six months after attending the training session. (Post-test) |
| F. <i>Implementation Survey (Nutrition)</i> | School nutrition service directors, school nutrition service managers, and cafeteria staff | The last month of the school year |
| G. <i>Implementation Survey (Physical Activity)</i> | For each Georgia SHAPE mini-grantee, school or community representative chairing the school’s health/wellness council | The last month of the school year |

- A. **Partnership Survey** (Hashima, 2014). This survey was created to assess whether local level partners’ (specifically in the Southeast Health District) perceptions of the Chronic Disease Prevention (CDP) Section (formerly the Health Promotion and Disease Prevention Section) of Georgia Department of Public Health (DPH), has changed after the implementation of 1305. Each item is coded on a five-point scale from strongly disagree (1) to strongly agree (5) except items 5, 10, 11, and 13 which are open ended items, and item 9 which is coded on a grade (A – F).
- B. **State-Level Partnership Survey** (Hashima, 2014). This survey was created to assess whether state-level partners’ (government and non-government) perceptions of CDP Section changed due to the implementation of 1305. Each item is coded on a five-point scale from strongly disagree (1) to strongly agree (5) except items 6, 8b, and 9 which are open ended items and item 7 which is coded on a grade (A – F).
- C. **CDP Staff Survey** (Hashima, 2014). The survey is intended to measure the opinion of CDP staff on: 1) the advantages and challenges of working collaboratively across categorical programs; and 2) how organizational structure and approach changed due to the implementation of 1305. Each item is coded on a five-point scale from strongly disagree (1) to strongly agree (5) except item 14 which is coded on a grade (A – F) and item 15 which is an open ended item.
- D. **CDP Management Survey** (Hashima, 2015). To increase the number of respondents, CDC suggested to GA DPH to create an additional survey to compliment the CDP Staff Survey. This survey will be completed by the CDP Deputy Directors of the Office of Adolescent and School Health (OASH), the Office of Prevention, Screening, and Treatment (OPST), the Office of Planning and Partnerships (OPP), and the Office of Tobacco, Policy, System, and Environmental Changes (OTPSEC). The 1305 CDP Management Survey is very is very similar to the CDP Staff Survey were reworded (e.g., replacing the pronoun, “I” to “my Office”) to make it more appropriate for CDP managers to respond. As suggested by CDC, new items inquiring about CDP’s fiscal and operational efficiencies were added specifically for the Deputy Directors to answer.
- E. **Let’s Move! Child Care Checklist Quiz**. To assess whether participating ECEs are making progress in meeting best practices for healthy eating and physical activity, a measure created by First Lady Michelle Obama’s *Let’s Move!* Campaign

(<http://www.healthykidshealthyfuture.org/home/startearly/quiz.htm>) will be used. There are a total of 15 items and each item is coded on a four-point scale from “Yes, fully meeting this best practice” (1) to “Unable to work on meeting this best practice right now” (4).

- F. *Implementation Survey (Nutrition)* (Hashima, 2014). All four items are open-ended questions created to document facilitator(s) and challenge(s) participating schools may have encountered in implementing Georgia’s food service guidelines/nutrition standards. At the end of each academic year, it will be completed by school nutrition service directors, school nutrition service managers, and school cafeteria workers participating in the project.
- G. *Implementation Survey (Physical Activity)* (Hashima, 2014). All four items are open-ended questions created to document facilitator(s) and challenge(s) participating schools may have encountered in promoting “Power Up for Thirty.” At the end of each academic year, it will be completed by school or community representatives chairing the school’s health/wellness council for the Georgia SHAPE mini-grant program.

KEY EVALUATION PRODUCTS THAT WILL RESULT FROM ACTIVITIES

- Year 2 Evaluation Report to CDC (to be submitted August 15, 2015)
- Year 3 Evaluation Report to CDC (to be submitted August 15, 2016)
- Final Evaluation Report to CDC (to be submitted August 15, 2017)
- The following four “Lessons Learned” brief will be submitted by December 31, 2017
 - “Lessons Learned” brief on implementing food service guidelines/nutrition standards in schools (Target audience: School nutrition stakeholders and public health professionals interested in environmental approaches to promote health and support and reinforce healthful behaviors)
 - “Lessons Learned” brief on promoting physical education/physical activity in schools and ECEs (School and ECE personnel and public health professionals interested in environmental approaches to promote health and support and reinforce healthful behaviors)

- “Lessons Learned” brief on promoting worksite wellness in the area of physical activity (Target audience: Human resource personnel and public health professionals interested in environmental approaches to promote health and support and reinforce healthful behaviors)